

Supplement to
Attachment 3.1A

Service 14(c)
Intermediate Care
Facility Services for
Individuals Age 65 or
Older in Institutions
for Mental Disease

MONTANA

4. Special requests by a nursing home resident for a specific item or brand that is different from that which the facility routinely stocks or provides as a requirement or condition of participation which is covered under the Medicaid per diem rate (i.e. special lotion, powder, diapers);
5. Shaving soap;
6. Toothpaste, toothbrush;
7. Cosmetics;
8. Hair combs;
9. Brushes;
10. Tobacco products and accessories;
11. Personal dry cleaning;
12. Beauty shop services;
13. Television rental;
14. Less-than-effective drugs (exclusive of stock items);
15. Over-the-counter drugs (exclusive of the following routine stock items; acetaminophen, aspirin, milk of magnesia, mineral oil, suppositories for evacuation, maalox and mylanta)

MONTANA

The following limitations apply to Intermediate Care Facilities:

A. Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

B. Items or services that are not included in the payment benefit for services rendered by a nursing facility in the Montana Medicaid Program, but for which the resident may be charged are as follows:

1. Vitamins, multivitamins;
2. Calcium supplements;
3. Nasal decongestants and antihistamines;
4. Special requests by a nursing home resident for a specific item or brand that is different from that which the facility routinely stocks or provides as a requirement or condition of participation which is covered under the Medicaid per diem rate (i.e. special lotion, powder, diapers);
5. Shaving soap;
6. Toothpaste, toothbrush;
7. Cosmetics;

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8. Hair combs;
9. Brushes;
10. Tobacco products and accessories;
11. Personal dry cleaning;
12. Beauty shop services;
13. Television rental;
14. Less-than-effective drugs (exclusive of stock items);
15. Over-the-counter drugs (exclusive of the following routine stock items; acetaminophen, aspirin, milk of magnesia, mineral oil, suppositories for evacuation, maalox and mylanta)

Supplement to
Attachment 3.1A

Service 15(b)
Intermediate Care
Facility Services in
a Public Institution
for the Mentally
Retarded or Persons
with Related
Conditions

MONTANA

The following limitations apply to Intermediate Care Facility Services in a Public Institution for the Mentally Retarded or Persons with Related Conditions:

- A. Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

- B. Items or services that are not included in the payment benefit for services rendered by a nursing facility in the Montana Medicaid Program, but for which the resident may be charged are as follows:

1. Vitamins, multivitamins;
2. Calcium supplements;
3. Nasal decongestants and antihistamines;

Supplement to
Attachment 3.1A

Service 15(b)
Intermediate Care
Facility Services in
a Public Institution
for the Mentally
Retarded or Persons
with Related
Conditions

MONTANA

4. Special requests by a nursing home resident for a specific item or brand that is different from that which the facility routinely stocks or provides as a requirement or condition of participation which is covered under the Medicaid per diem rate (i.e. special lotion, powder, diapers);
5. Shaving soap;
6. Toothpaste, toothbrush;
7. Cosmetics;
8. Hair combs;
9. Brushes;
10. Tobacco products and accessories;
11. Personal dry cleaning;
12. Beauty shop services;
13. Television rental;
14. Less-than-effective drugs (exclusive of stock items);
15. Over-the-counter drugs (exclusive of the following routine stock items; acetaminophen, aspirin, milk of magnesia, mineral oil, . . . suppositories for evacuation, maalox and mylanta)

Supplement to
Attachment 3.1A

Service 16
Inpatient Psychiatric
Services for Individuals
under age 21

MONTANA

The following limitations apply to Inpatient Psychiatric Services for individuals under age 21.

- A. Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting on alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department or its designated medical review organization.

- B. Inpatient psychiatric services must be provided in a residential treatment facility whose goals, purpose and care are designed for and devoted exclusively to persons under the age of 21.

- C. "Residential treatment facility" means a facility accredited by the Joint Commission On Accreditation of Health Care Organizations (JCAHO) or any other organizations designated by the Secretary of the United States Department of Health and Human Services as authorized to accredit psychiatric hospitals for Medicaid participation and which operates for the primary purpose of providing residential psychiatric care to persons under 21 years of age.

Service 17
Nurse Midwife
Services

MONTANA

Montana Medicaid applies the generic term Mid-level Practitioner to physician assistants and advanced practice nurses. Advanced practice nurses include certified nurse midwife, nurse anesthetist, nurse practitioner, etc.

The following limitations apply to Mid-level Practitioner services:

Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include all procedures, items and prescribed drugs:

1. Considered experimental by the U.S. Department of Health and Human Services (HHS) or any other appropriate federal agency;
2. Provided as part of a control study, approved by HHS or any other appropriate federal agency to demonstrate whether the procedure, item or prescribed drug is safe and effective in curing, preventing, correcting or alleviating the effects of certain medical conditions; and,
3. Which may be subject to question but not covered in #1 and #2 above. These services will be evaluated by the Department's designated medical review organization.

MONTANA

The following limitations apply to Hospice Care:

Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

Supplement to
Attachment 3.1A
Service 20(a) & (b)

Extended Services to
Pregnant Women

Montana

Limitations to Extended Services to Pregnant Women for Categorically Needy and Medically Needy are listed within each service description in the state plan.

TN 92-03 Approved 6/2/92 Effective 1/1/92
Supercedes TN # New

SPLAN/m-2

Supplement to
Attachment 3.1A
Service 21

Ambulatory Prenatal
Care

Montana

Limitations to Ambulatory Prenatal care to Categorically Needy and Medically Needy are listed within each service description in the state plan.

TN 92-03 Approved 6/2/92 Effective 1/1/92
Supercedes TN # 91-10